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COVER LETTER

TO:

Tallahassee, FL 32314

	tration Se on of Cor				
T SUBJECT.	opGloss F	loor Care & Janitorial Services	s LLC		
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Dmetrice Hayes			
			Name of Person		
		TopGloss Floor Care & Ja	nitorial Services LLC		
			Firm/Company		<u> </u>
		2828 N.W 42nd Place			
		Address			
		Gainesville FL,32605			
		TopGloss80@outlook.com	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For further info	rmation co	oncerning this matter, please ca	all:		
Dmetrice Haye	es		352 672-7	528	
	Name of	f Person	at () Area Code	Daytime Telephon	e Number
Enclosed is a cl	heck for th	ne following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		Street Addr Pagistration		
_	stration S sion of C	orporations	Registration Division o	on Section of Corporation	S
	Box 632	•	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOPGLOSS FLOOR CARE & JANITORIAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fioi	rida filmited Dabinty Company)	
The Articles of Organization for this Limited Liability Florida document number L19000226602		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		2019 115
(Mailing address MAY BE A POST OFFICE BOX)		
		Fig. 1
B. If amending the registered agent and/or registe agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
<u> </u>		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dmetrice Hayes	2828 N.W 42nd Place Gainesville FI,32605	■ Add
			□Remove
			□Change
MGR Dmetrice Hayes	Dmetrice Hayes	2828 N.W 42nd Place Gainesville Fl.32605	≡ Add
			□Remove
			□Change
			□Add
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ffect	ive date, if other than the date of filing:
iote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	December 5 2019
	Signature of a member or authorized representative of a member
	Signature of a promber or authorized representative of a member
	ingliance of a memory of authorities representative of a memory

Filing Fee: \$25.00